

PATENT APPLICATION

1761

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of:)	
• •	: Examiner: S. Weinstei	in
E. MICHAEL ACKLEY, JR., ET AL.	.)	
	: Group Art Unit: 1761	
Application No.: 09/479,549)	
••	:	
Filed: January 7, 2000)	
•	:	
For: METHOD TO PRINT)	
MULTICOLOR IMAGES	:	
ON EDIBLE PIECES) Date: July 20, 2004	
Commissioner for Patents		
P. O. Box 1450		
Alexandria, Virginia 22313-1450		

RESPONSE TO OFFICE ACTION AND PETITION FOR EXTENSION OF TIME

Sir:

Applicants petition to extend the time for response to the Office Action dated January 20, 2004 for three months, to and including July 20, 2004. The extension fee is enclosed.

Applicants respectfully request reconsideration pursuant to 37 C.F.R. § 1.111 in light of the following remarks.

I hereby certify that this correspondence is being deposited with the United States Postal Service as first-class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on

July 20, 2004 (Date of Deposit)

07/27/2004 AUSMAN1 00000002 09479549

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950.00 OP

BRENDAN MEE Reg. No. 43,391

(Name of Attorney for Applicants)

July 20, 2004

Date of Signature



In re Application of:

E. Michael ACKLEY, JR. et al.

Application No.: 09/479,549

Filed: January 7, 2000

For: METHOD TO PRINT MULTICOLOR IMAGES

ON EDIBLE PIECES

Commissioner for Patents P.O. Box 1450 Alexandria, Virginia 22313-1450

Sir:

Transmitted herewith is an amendment in the above-identified application.

No additional fee is required.

The fee has been calculated as shown below

CLAIMS AS AMENDED						
	(2) CLAIMS REMAINING AFTER AMENDMENT		(4) HIGHEST NO. PREVIOUSLY PAID FOR	(5) PRESENT EXTRA	RATE	ADDITIONAL FEE
TOTAL CLAIMS	* 14	MINUS	** 66	= 0	x \$9 \$18	0
INDEP. CLAIMS	* 3	MINUS	** 6	= 0	x \$40 \$80	0
Fee for Multiple Dependent claims \$135°/\$270						
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT—			0			

Docket No. 2280.2470

Examiner: S. Weinstein

Group Art Unit: 1761

Date: July 20, 2004

- If the entry in Column 2 is less than the entry in Column 4, write "0" in Column 5. If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space. If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space.

	°Verified Statement claiming small entity status is enclosed, if not filed previously.
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	A check in the amount of \$ is enclosed.
	Charge \$ to Deposit Account No. 06-1205. A duplicate copy of this sheet is enclosed.
X	Any prior general authorization to charge an issue fee under 37 C.F.R. 1.18 to Deposit Account No. 06-1205 is hereby revoked. The Commissioner is hereby authorized to charge any additional fees under 37 C.F.R. 1.16 and 1.17 which may be required during the entire pendency of this application, or to credit any overpayment, to Deposit Account No. 06-1205. A duplicate copy of this paper is enclosed.
X	A check in the amount of \$950.00 to cover the fee for a three (3) month extension is enclosed.
	A check in the amount of \$ to cover the Information Disclosure Statement fee is enclosed.
X	Applicants' undersigned attorney may be reached in our New York office by telephone at (212) 218-2100. All correspondence should continue to be directed to our address given below.
	Respectfully submitted,

Attorney for Applicants Registration No. 43,391

FITZPATRICK, CELLA, HARPER & SCINTO 30 Rockefeller Plaza New York, New York 10112-3801 Facsimile: (212) 218-2200

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